



2017/2018 REGISTRATION PACKET

Section 1.

Items required for every new and re-enrolling child due at the time of registration:

- Child Enrollment and Health Information for Child Care JFS 01234 Form (3 pages)
- Student Pick Up Authorization Form
- Language Data Form
- Custody Information Form
- Electronic Payment Option Form
- Parent email address
- Registration Fee

Section 2.

If you are registering a sibling of a child currently enrolled in our school, please submit these additional documents for the sibling:

- Verification of the child's current physical exam on the **Child Medical Statement JFS 01305** form *
- Copy of the child's birth certificate OR passport
- Copy of the child's Social Security card

Section 3.

If you **DO NOT** currently have a child enrolled in our school submit these additional documents:

- Verification of child's current physical exam on the **Child Medical Statement JFS 01305** form *
- Copy of child's birth certificate OR passport
- Copy of child's Social Security card
- Copy of proof of residency (electric, gas, auto registration, etc.)
- Copy of parent driver's licenses

* Verification of a current physical exam

Please read this section carefully. Your child's examining physician must complete the *Child Medical Statement JFS 01305* form included in this packet and attach a copy of their immunization record to it. **This form is required to be completed and submitted at the time you bring in your paperwork to register your child into our program.** Children who attend a grade of kindergarten and above in a public elementary school are exempt from this requirement.

Does your child have a special health condition?

Has your child been **diagnosed** with asthma, a food or environmental allergy, a food sensitivity or a medical condition that requires our staff to monitor them for symptoms/reactions and to take action if they display symptoms/reactions? If so, complete a separate *Child Medical/Physical Care Plan JFS 01236* form for each diagnosis and bring it with you at the time of registration. If your child **requires** a modified diet that eliminates all types of fluid milk (rice, cow, almond, etc.) or an entire food group, it is also required. This form is located on our school's website www.rivertreechristianschool.com Parent Resources → Forms

Custody Orders

If there is a custody issue involving your child, you must provide us with court documentation at the time of enrollment indicating who has permission to pick up your child. We cannot deny a parent access to their child without legal documentation. It is the registering parent's responsibility to provide all court orders addressing parental rights, such as custody and visitation rights, in regard to the child enrolled in our program.

Custody/Guardianship papers received by: _____ on: ___/___/___



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Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No
 Yes - please explain

Does the current special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/Type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medication.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name:
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)
The programs policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the center/Type A home's policy or another:
<input type="checkbox"/> I agree with the program's policy <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give Permission to Transport	OR	Do Not Give Permission to Transport
Program or Home Name	Do not sign both	Program or Home Name
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature Date		Parent's Signature Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the centers or type A home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>
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This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.			
Parent/Guardian Signature's		Date	
Administrator/Designee Signature		Date	
The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.			
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by childcare providers to meet the requirements of rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.



Student Pick-up Authorization

The people listed below are 18 years of age or older and authorized to pick up my child from RiverTree Christian School & Childcare Center. (Include parents, guardians, emergency contacts, grandparents, carpool pick-up, childcare providers, etc.)

Child's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

Adult's Name _____

PLEASE NOTE:

Anyone coming to pick up your child whose name does not appear on this list will not be allowed to leave with your child. All those picking up a child must be prepared to present state issued picture identification or driver's license. This is to ensure the safety of your child. There will be no exceptions to this policy. Parent signature below acknowledges acceptance of this policy.

Parent/Guardian Signature: _____ Date: _____

LANGUAGE DATA

Child's Name: _____

SS #: ____ - ____ - ____

Is this child a U.S. Citizen? Yes No If "No", list nationality: _____

Birth Date: _____ Birth City: _____ Birth State: _____ Birth Country: _____

Birth Mother's Maiden Name: _____
First Middle Last

Is this student from Hispanic/Latino heritage? Yes No

(Person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture/origin, regardless of race.)

Summative Race/Ethnic Element:

White Black Hispanic Asian Pacific Islander American Indian/Alaskan Native Multi-Racial

Race Detail Element. If #1 is yes or #2 is multi-racial, please indicate one of the following:

White Black Hispanic Asian Pacific Islander American Indian/Alaskan Native

What is this child's native language? _____

What language did this child speak when he or she first learned to talk? _____

What language does this child use most frequently at home? _____

What language do you use most frequently to speak to this child? _____

What language do the adults at home most often speak? _____

If this child has attended school in the United States, for how long? _____

HOW DID YOU HEAR ABOUT US?

How did you hear about our school?

Personal Referral Facebook Online Newspaper RT Church Other: _____

MEDIA RELEASE

I grant permission to RiverTree Christian School/Church to use my child's name, photograph, slide, audio, and/or video recording in its media releases (including newspapers, special events, school publications, presentations and/or web pages.

I grant permission to RiverTree Christian School/Church to use my child's image in the form of promotional video to be projected during church services held at RiverTree Christian Church.

Parent/Guardian Signature _____

PRE-K NAP REQUEST

Pre-K classrooms do not have a scheduled nap time. They do have a scheduled "Quiet Time" from 1:00-1:30pm in their classroom. However, if you want your Pre-K child to nap 1:00-2:30 p.m. every day, we will accommodate your request. Nap rooms fill quickly, please be sure of your choice below

NO, my Pre-K child will not need to take a nap. YES, my Pre-K child will need to take a nap daily.

Parent/Guardian Signature _____



Custody Information

Section 1 – PARENT/GUARDIAN INFORMATION

Student Name: _____ Birthdate: _____

A. Student lives with (check all that apply):

- ____ Mother and Father ____ Mother ____ Father
- ____ Mother/Step-father ____ Legal Guardian ____ Father/Step-mother
- ____ Grandparent ____ Foster Care ____ Other

B. List the parent(s), guardian(s), grandparent(s) and additional children with whom the child resides:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Section 2 - CUSTODY INFORMATION

If student lives with BOTH parents whom are married, this section can be skipped. Go to Section 3

- Mother is deceased Father is deceased
- Mother is incarcerated Father is incarcerated
- Parents never married; no custody order exists
- Separated, but not legally divorced
- Divorced. Full custody is granted to _____ .
- Divorced with shared parenting
- Divorced. Residential parent for SCHOOL purposes:
- Court Placed
- Are there court orders restricting a non-custodial parent? YES NO

Section 3 - PARENT/GUARDIAN SIGNATURE

I certify that the above information is true and accurate. I understand that if this information is false, my child could be withdrawn from school and I could face possible legal charges filed in a court of appropriate jurisdiction.

Signature _____ Date _____

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
✓ This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. ✓ This above named child has been immunized in accordance with the requirement of section 5104.014 of the Ohio Revised Code (please note any exceptions below)	
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner	Telephone
Street Address	
City, State and Zip Code	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Exceptions to immunization requirements pursuant to 5101.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note the disease above and sign below.

Signature of Parent	Date of Signature
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Optional Recommended Assessments/Screenings

Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	

Measurements

Height	
Weight	
BMI	

Notes:

Every child that attends RiverTree Kindergarten and younger, must have on file verification of a medical examination within the last 13 months.

Children who attend a grade of kindergarten and above in a **public elementary school** are exempt from completing this form.

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Financial Policies

Tuition Payments

- Payment is due the first day your child attends each week
- Charges for overdue payment will be automatically added to your account
- Credit, debit, EFT, online banking, check, or cash accepted
- Advance payments accepted
- No invoices or bills are mailed from our office

Returned Checks

\$30.00 service charge. Accounts with more than one returned check that is unable to process due to NSF, must make all future payments by cash, bank check or money order.

Tuition Increase/Decrease Fee

Parent/Guardian initiated changes made for the upcoming enrollment period will be assessed a \$25.00 fee if the change in the child's schedule causes the tuition amount to decrease. This does not apply to children being withdrawn.

- Summer: Changes made after April 30 will be charged
- School Year: Changes made after May 31st will be charged

Early Withdrawal Fee

Written notice of student withdrawal is required two weeks in advance. Failure to provide written notice will result in an additional week's tuition charge.

Summer Vacation Credit

- Students attending the first day of the summer program and continue enrollment through the last day of the summer program will receive one week's credit. If withdrawn early, any credit received will be added back to the student's account.
- A vacation request form must be completed and submitted to the school office prior to vacation dates taken. This form can be found online at rivertreechristianschool.com or in the school office.

School Year Vacation Credit

- Students enrolled for Full-Day earn this credit – Part-Day and Kindergarten students do not earn this credit.
- Students attending the first day of the school year and continue enrollment through the last day of the school year will receive one week's credit. If withdrawn early, any credit received will be added back to the student's account.
- A vacation request form must be completed and submitted to the school office prior to vacation dates taken. This form can be found online at rivertreechristianschool.com or in the school office.

School Year Illness Credit

- Students enrolled for Full-Day earn this credit – Part-Day and Kindergarten students do not earn this credit.
- Students attending the first day of school and continue enrollment through the last day of school will receive three days of illness credit. Illness credit will be given for hospital stays, surgeries/recoveries and diagnosed Communicable Diseases with supporting documentation.

Closed - You ARE NOT charged for these days

- Thanksgiving Day and the following Friday
- Christmas Break (see RiverTree Christian School's 2017/2018 calendar for dates)

Closed - You ARE charged for these days

- Good Friday
- Memorial Day
- July 4th
- Labor Day


RT Kindergarten Only Closed– Kindergarten students ARE NOT charged for these days

- Kindergarten Spring Break (same dates as Jackson Local Schools)
- Columbus Day
- MLK Day
- Columbus Day
- President's Day

With the exception of the days listed above, we remain open for business as usual. When Jackson Local Schools have a snow day, or a scheduled day off, that does not affect our scheduling. We offer these families the opportunity to enroll their child into our program as we also provide care for school aged student on these days.

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Electronic Funds Transfer (EFT) Authorization

 **ezEFT**™ is the easiest way to pay your child care tuition.
It's simple, secure and, best of all, **FREE!**

No more writing checks.
Simplify your life with automatic child care payments.



Child's First & Last Name

Additional Child's First & Last Name

INITIAL SET UP OF EFT

CHANGE OF EFT INFORMATION

AUTHORIZATION STATEMENT;

I hereby authorize RiverTree Christian School to initiate debits from the card account indicated below for payments of weekly child care tuition. Payments will be deducted on Tuesday or Wednesday of each week. This authority is to remain in effect until RiverTree Christian School receives notification of its termination from the undersigned party.

I will give written notification to RiverTree Christian School if I decide to make any changes to this authorization, discontinue this service, change or close debit or credit card account.

CARD HOLDER'S NAME: _____
(Print name exactly as it appears on card)

CARD NUMBER #: _____ EXP. DATE: ____/____

VISA___ MASTERCARD___ DISCOVER___ DATE TO START PAYMENT: _____

CARD HOLDER'S SIGNATURE: _____ DATE: _____